

columns in 1922 on the treatment of ununited fractures by bridge grafts. On his retirement from the active staff of the Glasgow Royal Infirmary in 1938 he was elected consulting surgeon.

R. D. GILLESPIE, M.D., F.R.C.P.

Dr. F. O'Donnell Finigan writes from Bampton, N. Devon:

The untimely death of Dr. R. D. Gillespie has left a void in psychiatry and British medicine which will be felt for years to come as a loss sustained by the whole profession. His reputation and original fertile influence extended to every corner of the globe and, possibly, he was regarded even more highly in America than in his native land: his name was almost a household word in Continental medicine.

Dr. Gillespie's graciousness and kindness, his humility and greatness were appreciated by all who knew him, whether as patient, friend, or colleague. Having known him as a colleague and friend one is apt to forget the brilliance of his attainments. By the age of 28 he had reached senior consultant rank, and from then on he rose from height to height for nearly twenty years. Among his innumerable friends and admirers the opinion has been expressed that there is no man of sufficiently great calibre on whom his mantle might fall. Profoundly impressive also has been the deep sadness and sense of personal loss expressed by his patients—a loss seeming to go deeper than is usually felt by patients after the death of even the most beloved physician. It has been stated sometimes that he had about him some "other-worldness" as though through him something shone from another sphere. He himself seemed to be quite unaware of this, but all who came in contact with him sensed it and left feeling the richer.

The world, and in particular this island, is the poorer for his passing; nevertheless it may be that his memory will act as a spur to renewed effort in the field of psychiatric research, and thus in death he may achieve even more for his beloved science and people than he did during his lifetime. It is for those who received their early encouragement from him, and for all who remain, to carry forward his ideals, sensing that fidelity to this cause may lead them to the mountain peak which "R. D." so often referred to in allegory. This would be a living memorial such as he himself would have wished.

News has been received of the death of Capt. KENNETH DANIELS, R.A.M.C., in a prisoner-of-war camp in Borneo on Aug. 6. He studied medicine at Newcastle-upon-Tyne, and graduated M.B., B.S. of Durham University in 1929. A member of the Portsmouth Division of the B.M.A., he was in partnership at Copnor before the war, and soon after joining up in 1939 was sent to Singapore Military Hospital. He became medical officer at Kuala Lumpur until the fall of Malaya, when he managed to make his way back to Singapore; as the Japanese approached he escaped to Java, where he was eventually taken prisoner. "C. R." writes: The death of Kenneth Daniels will be felt among a very large circle of friends and patients. His "happy-go-lucky" spirit and his charming boyish manner endeared him to all. He leaves behind the memory of a very fine and painstaking doctor, a great gentleman and a brave man. The greatest sympathy will be extended to his widow, who has borne the separation bravely, the more so when little or no news could be had of him. She had hoped that "no news was good news," it was *not* to be.

Lieut.-Col. WILLIAM BYAM LANE, C.I.E., C.B.E., I.M.S. (ret.), died on Nov. 20, aged 79. He was educated at Christ's Hospital, London, at Neuenheim College, Heidelberg, and at St. Bartholomew's Hospital, and qualified with the M.R.C.S. and L.R.C.P. in 1888. In the same year he entered the Indian Medical Service, and soon saw active service with the Hazara Expedition in 1891, in Waziristan in 1894-5, and with the Chitral Relief Force in 1895; for each of these he received a medal with clasp. Soon after he entered the Jail Department, and was promoted to be Inspector-General of Prisons in the Central Provinces from 1905 to 1916. His reputation as a sound administrator led to his being chosen for the important work of Inspector of the Disciplinary Labour Corps, Mesopotamia Expeditionary Force, in 1916; in 1920-1 he held the post of Inspector-General, Civil Jails, Mesopotamia; and from 1919 to his retirement in 1921 he was Acting Director of Health Services, Mesopotamia. For his valuable work in those responsible positions Col. Lane was awarded the C.I.E. in 1918 and the C.B.E. in 1919. After his retirement he lived in London, and in 1925-6 held the honourable position of Master of the Mercers' Company. He joined the British Medical Association on qualifying in 1888 and retained his membership for 58 years. He was a thoroughly sound and much-respected officer of the I.M.S. who will be mourned by his many friends.

## The Services

A meeting will be held at the Duke of York's Headquarters (Centre Block), Chelsea, on Wednesday, Dec. 19, at 6.30 p.m., of officers who served in the 17th (1st County London) General Hospital, Territorial Army, to discuss the question of an annual dinner.

Capt. A. R. T. Lundie, R.A.M.C., has been awarded the M.C., and Capt. H. Mannington, R.A.M.C., has been mentioned in despatches, in recognition of gallant and distinguished services in the field.

The following have been mentioned in despatches in recognition of gallant and distinguished services in Italy: Brig. (Temp.) S. Arnott, C.B.E., D.S.O., and Col. C. H. K. Smith, O.B.E., M.C., late R.A.M.C. Brig. (Temp.) W. M. Cameron, O.B.E., Brig. (Acting) J. Kinnear, O.B.E., T.D., and Brig. (Local) F. A. R. Stammers, C.B.E.; Cols. (Temp.) W. A. D. Drummond, T. D. Inch, C.B.E., M.C., T.D., W. A. Y. Knight, A. S. Pern, O.B.E., T.D., and W. L. Spencer Cox, O.B.E., M.C.; Col. (Acting) J. T. Robinson; Lieut.-Cols. (Temp.) H. J. B. Atkins, T. F. Briggs, J. B. Herman, R. Johnston, D. W. E. Lloyd, M.C., C. M. Marsden, J. B. McEwen, M.C., J. S. Miller, T. P. Sewell, E. G. Sibley, W. R. Sprunt, T.D., A. W. S. Thompson, O.B.E., C. S. Thomson, A. P. Trimble, A. S. Wesson, P. L. E. Wood, D.S.O., M.B.E.; Majors H. F. Anderson, R. L. Benison, A. D. C. S. Cameron, R. G. Davies, E. A. Fiddian, C. Kenton, W. McLeod, R. M. Paton, M. S. Williamson, M.C., and G. H. Wooler; Major (Temp.) A. Beardwell, D. Bell, A. B. Birt, R. W. Cope, S. H. Croot, D. H. Cummack, H. W. Davis, A. C. Dornhorst, T. Duncan, K. B. Gibson, A. M. Giles, R. E. Haswell, J. Howell, M. A. Jones, A. R. Kennedy, T. G. Lowden, L. G. Macfarlane, W. B. McKenna, R. J. Milbank, R. I. Mitchell, A. A. Murray, W. M. Owen, J. H. Patterson, W. A. V. Payne, K. R. D. Porter, M.B.E., H. E. Smith, R. S. Stevens, D. L. Stewart, A. M. Tait, R. B. Terry, A. J. Thomas, J. H. Vickers, M. A. G. Ward, J. H. Warren, M.B.E., and G. N. Wilson; Capt. E. S. Aiello, J. W. Clark, S. A. Cohen, H. J. S. Coldham, J. Comyn, A. Fearnley, D. Ferguson, R. Fletcher, N. E. France, C. B. Hinckley, B. L. Hoffmann, M. S. Howe, M.C., P. H. Jones, W. A. D. Jones-Roberts, M. Latner, R. S. Lawrie, R. T. S. Louttit, B. S. Lush, J. Macdonald, A. F. J. Maloney, J. F. Mawe, R. P. Maybin, R. I. McAlley, A. D. McGill, J. D. McGregor, N. C. Mond, M. E. Moore, N. P. Orchard, A. T. Pagan, A. Paterson, D. E. Paterson, D. Purdie, E. E. Rawlings, J. J. Reeks, J. W. Richmond, J. F. Robertson, F. H. Robson, L. C. Robson, H. D. Rossiter, R. P. G. Sandon, J. Scott, H. A. Shaw, J. R. S. Shields, E. C. S. Talbot, J. E. Tannian, A. L. Tulk, E. Vure, A. S. Walker, J. S. Walters, D. Weitzman, F. J. Whitaker, and A. L. Wyman; Capt. (Temp.) F. de B. White; Lieuts. W. H. Chanter, N. Dancer, J. R. Grice, W. Hawthorne, F. H. Hogarth, R. J. Holliday, J. Noble, J. R. Purvis, E. A. Williams, and C. D. Woodhead, R.A.M.C. Col. M. Kirk Bryce; Col. (Temp.) D. Datt; Lieut.-Cols. (Temp.) C. W. Greene and W. Laurie; Lieut.-Col. (Acting) D. N. Basu; Major R. H. Neeve; Majors (Temp.) P. K. Chatterjee and S. L. Rikhye; Major (Acting) V. S. Trivedi; Capt. B. Uddin, A. Bhattacharya, K. C. Gartapathy, M. Y. Ghaznavi, P. Jacobs, J. Singh, I. Jahan, K. C. Makerjee, J. D. Phibbs, S. R. Sarma, S. B. Datta, T. M. Seetapathy, and T. Stephens, M.C.; Capt. (Temp.) S. V. Ghurye and A. B. Rushton, I.A.M.C. Major G. Singh, Jaipur Medical Services. Col. J. R. Boyd, C.B.E., M.C., New Zealand Military Forces.

### CASUALTIES IN THE MEDICAL SERVICES

*Killed in action or died on active service.*—Capt. Robert William McNamara and Adiel Elad Hazael Reid, R.A.M.C., and Flight Lieut. Hugh Macivor Given, R.A.F.V.R.

*Died.*—Capt. William Thomson, M.C., I.A.M.C.

*Previously reported missing, now known to have been killed in action at Alexandra Hospital, Singapore, on Feb. 14, 1942.*—Lieut. Geoffrey Rogers, R.A.M.C.

*Killed in air accident.*—Major Harry William Gilbert Staunton, I.M.S.

### DEATHS IN THE SERVICES

Capt. GEORGE PETER NASH, R.A.M.C., died in Brussels of diphtheria on Nov. 23 when on his way home for demobilization. He was born in Canada, and qualified in 1932 from Queen's University, Ontario. He had only been just over a year in practice at Oxford when he sought a commission in the R.A.M.C. He was in the landings at Sicily, Salerno, and Anzio. He leaves a widow and two small sons. The news of his tragic end when so near home after over five years of service was received with profound regret by his colleagues in Oxford, who extend their sincere sympathy to his widow and young children.

## Universities and Colleges

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

The Fitzpatrick Lectures on "The History of the English Medical Profession," which were to have been given by Dr. Cecil Wail on Dec. 11 and 13, have been cancelled owing to the illness of the lecturer.

Lord Moran, P.R.C.P., writes: In your issue of Dec. 1 you have printed extracts from a letter addressed to me by the President of the Royal College of Surgeons. It is, therefore, only fair to your readers that I should send you my reply:

Royal College of Physicians,  
Nov. 30, 1945.

My dear President.—Thank you for your letter. There are two issues: what is best for the nation, and what is the course which is most likely to help the Royal College of Physicians to discharge its duties to the profession in the years to come. If I may dispose of my second question forthwith, I think you will agree that the only body that can answer such a question is the Comitia of the College. The Comitia decided on Oct. 25, with only two dissentients, that at the present time the College must remain where it is. I tell you this because I feel that it would be unfair to your Council if they were left in doubt about the actual feeling of the Fellows of my College. And I may add that this verdict has been endorsed on practical grounds by a Committee of independent experts.

May I then pass to consider whether that decision is at variance with the national interest? Most Fellows of this College have yet to be convinced of the precise benefit to the State if they were to abandon a building where they have long been the guests of the Crown, a building which for them has treasured historic associations, in order to migrate at a very difficult time so that they might live nearer to the sister College. It is, incidentally, common ground that if the Royal Colleges should ever decide on a common site (and the resolution of the Standing Joint Committee to which you refer spoke of a common site, and not of any particular site, such as Lincoln's Inn Fields) each College would retain its identity.

I am anxious to say nothing which may make it more difficult for my College to work together with our surgical friends, but this should be said. The consultant service of the future will inevitably bring all sections of consultants and specialists into more intimate co-operation, and the new responsibilities that will necessarily fall on the three Royal Colleges in connexion with that service will give them a unity of purpose which will not be dependent on geography. Meanwhile, it can only be hurtful to the natural development of a friendly partnership of that kind to refuse to accept the decision of the Comitia, and to ignore the very weighty reasons which made that decision inevitable. "When friends plan and do together, their minds become one mind and the last secret disappears." What is needed is a common purpose. In the coming months the Royal Colleges will have an opportunity of serving the nation by pooling their resources and their wits to give it a really efficient consultant service. If that opportunity is taken we need not fear that a real partnership of the Royal Colleges will fail to come into being.

Yours sincerely,  
MORAN.

### UNIVERSITY OF OXFORD

In a Congregation held on Nov. 24 the degree of D.M. was conferred, in absence, on J. C. Ryle.

### UNIVERSITY OF CAMBRIDGE

Sir Lionel Whitby gave his inaugural lecture as Regius Professor of Physic on Dec. 5. Its title was "The Science and Art of Medicine."

The report of the Financial Board on allocations from the University Chest to the several funds states that in the published estimates no account is taken of the Treasury grant of £15,000 for medical purposes. Since it is necessary for a separate account to be kept of the expenditure of this grant, it will be credited to a Medical Grant Fund, from which allocations may be made direct to the medical departments concerned.

At a Congregation held on Nov. 23 the following medical degrees were conferred:

M.D.—E. E. Pochin, G. E. Parker, I. A. Guest.  
M.B., B.CHIR.—\*D. A. N. Barran, \*R. Bellamy, \*D. N. Seaton, \*R. V. Watley.  
\*J. A. Waycott, \*E. J. M. Weaver.

\* By proxy.

### UNIVERSITY OF LONDON

At a meeting of the Senate, held on Nov. 28, Walter Freudenthal, M.D., was appointed to the University readership in dermatological histology tenable at University College Hospital Medical School as from Oct. 1.

The title of professor emeritus in morbid anatomy in the University was conferred on G. W. de P. Nicholson, M.D., who was University professor of morbid anatomy at Guy's Hospital Medical School from 1922 until April, 1944.

The *University of London Gazette* dated Oct. 12, only recently received, announces that the Wellcome Trustees are giving to the University an endowment of £44,000 to provide for the institution of a part-time Chair of Tropical Medicine to be held at the London School of Hygiene and Tropical Medicine.

An Institute of Child Health has been set up, at which will be tenable the Chair of Child Health recently established through the generosity of the Nuffield Foundation. For the time being the institute will be a central activity of the University and will be given facilities for its work both at the Hospital for Sick Children, Great Ormond Street, and at the British Postgraduate Medical School at Ducane Road. Eventually the institute will form part of the federation of postgraduate medical institutions in London, the scheme for which is now being worked out.

The following have been recognized as teachers of the University in the subjects indicated in parentheses: *London (R.F.H.) School of Medicine for Women*: Dr. W. G. Scott-Brown (Laryngology and Otolaryngology); Dr. Mary M. Shaw (Venereal Diseases); Dr. Ursula Shelley (Paediatrics); Dr. Ernest T. D. Fletcher (Medicine); Dr. Emma C. Williams and Dr. Lucy Wills (Chemical Pathology). *St. Thomas's Hospital Medical School*: Dr. C. B. B. Downman (Physiology). *St. George's Hospital Medical School*: Dr. R. D. Teare (Forensic Medicine). *King's College*: Dr. J. A. C. Knox (Physiology).

The appointments of house-physician at Southmead Hospital, Bristol, and medical clinical assistant at Sheffield Royal Infirmary have been approved for the purposes of the M.D. examination (Branch I).

The reduction in the clinical course for the M.B., B.S. examination from 36 to 30 months is to be continued up to the end of the session 1945-6, but the question of continuing it after that date will be considered this month.

An additional M.B., B.S. examination will be held in 1946, beginning on Monday, Jan. 28.

## Medical Notes in Parliament

### Postgraduate Courses for R.N. Doctors

Mr. A. V. ALEXANDER explained on Nov. 16 that postgraduate medical courses up to six months' duration were provided for medical officers of the Royal Navy who were making their career in the Navy, so that they might be of greater use in their subsequent service. To throw open these courses to R.N.V.R. doctors would involve additional expense which he did not consider justified in view of the fact that the careers of these officers lay outside the Service.

### The Navy's Ratio

Mr. ALEXANDER stated on Nov. 19 that the present ratio of medical officers in the Navy to personnel was nearly 3 per 1,000. The present proportion of doctors to the civil population was 0.7 per 1,000. Conditions in the Royal Navy so differed from those in civil life that true comparison was impossible. Duties of Naval doctors included treatment of Merchant Navy personnel in certain ports.

### Medical Demobilization

Replying on Nov. 20 to questions on the demobilization of medical officers, Mr. ISAACS said the number to be released in Class B in the medical profession, as in other professions, was necessarily limited. Within this limited number the Central Medical War Committee was able to deal with the cases where the need was most urgent, knowing the position over the country as a whole. Release of medical officers in Class A proceeded concurrently with release in Class B. He did not think it appropriate to interfere further with the Class B scheme. Col. STODDART-SCOTT said the Central Medical War Committee was allowed to recommend only 33 medical officers monthly for demobilization under Class B, although over 100 cases worthy of recommendation came before it each month.

In a statement circulated on Nov. 21 Mr. DUGDALE gave the following target dates of releases of medical officers in the Royal Navy: Groups 17 to 20, Dec. 31, 1945; 21 and 22, Jan. 31, 1946; 23 and 24, Feb. 28, 1946; 25 and 26, March 31, 1946. A tentative further forecast for medical officers was: Groups 27 to 29, April 30, 1946; 30 to 32, May 31, 1946; 33 to 35, June 30, 1946. Target dates were also given for dental officers.

### Blood Tests in Motorists

In reply on Nov. 22 to Col. Gomme-Duncan, Mr. EDE said the law made no provision for blood tests to be taken compulsorily in a case where a motorist was suspected of being under the influence of drink. He was not aware of any cases